

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

03

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

Filing amendment due to reporting changes going back to April monthly (3/1/09-3/31/09) regarding Column B YTD totals from lines 11c and 11d.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 66

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		201736.30
(b) Cash on Hand at Beginning of Reporting Period	434600.69	
(c) Total Receipts (from Line 19)	109153.85	641076.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	543754.54	842812.58
7. Total Disbursements (from Line 31)	44468.97	343527.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	499285.57	499285.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 66

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	78658.66	555813.00
(ii) Unitemized	30495.19	74763.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	109153.85	630576.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	109153.85	641076.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	109153.85	641076.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	109153.85	641076.28

DETAILED SUMMARY PAGE

of Disbursements

5 / 66

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1468.97	10591.98	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1468.97	10591.98	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	328675.78	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2000.00	
29. Other Disbursements.....	0.00	2259.25	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44468.97	343527.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44468.97	343527.01	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 66

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	109153.85	641076.28
34. Total Contribution Refunds (from Line 28(d))	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109153.85	639076.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1468.97	10591.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1468.97	10591.98

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce C. Dunbar

Mailing Address 3709 Locksley Drive

City

Birmingham

State

AL

Zip Code

35223-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	0	9

Transaction ID: 30509252

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy W. Turner

Mailing Address 11805 Creek Road

City

Ojai

State

CA

Zip Code

93023-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	0	9

Transaction ID: 30509259

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer Z. Lindsey

Mailing Address 11062 Opaca Lane

City

Glen Allen

State

VA

Zip Code

23059-5617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	0	9

Transaction ID: 30509367

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Fox

Mailing Address 3 Westridge Drive

City

Hampton

State

NH

Zip Code

03842-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
TD Insurance, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30511734

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael R. Johnston

Mailing Address 80 Masters Court

City

Santa Rosa Beach

State

FL

Zip Code

32459-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30511806

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Walter R. Fawcett, III

Mailing Address 310 Macalpin Court

City

Inverness

State

IL

Zip Code

60010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30511850

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mitchell C. Andrews

Mailing Address 28 Hidden Brook Dr

City

North Barrington

State

IL

Zip Code

60010-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plexus Groupe LLC (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30511891

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. William H. Lacey

Mailing Address 5321 Pebblebrook Dr

City

Dallas

State

TX

Zip Code

75229-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30512474

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30512548

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

2280.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John W. Vogel

Mailing Address 980 Plum Tree Road

City

Fox River Grove

State

IL

Zip Code

60021-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30513662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Glenn D. Morrison

Mailing Address 1015 Gaslight Drive

City

Algonquin

State

IL

Zip Code

60102-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30513740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mathew Lipscomb, III

Mailing Address 1900 Baldwin Road

City

Lake Cormorant

State

MS

Zip Code

38641-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insurance-
e. LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30513857

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Johnny Pitts

Mailing Address 3970 Grandview Avenue

City

Memphis

State

TN

Zip Code

38111-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insuranc-
e, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: 30513858

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. William A. Graham, IV

Mailing Address 828 Conshohocken State Road

City

Gladwyne

State

PA

Zip Code

19035-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graham Company (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: 30521827

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Arnold E. Finaldi, Jr.

Mailing Address 3 Mapleview Lane

City

Danbury

State

CT

Zip Code

06811-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: 30522246

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Roy H. Taylor

Mailing Address 1450 Ravenswood Lane

City

Riverside

State

CA

Zip Code

92506-5541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International of Cali-
fornia Insura

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: 30522491

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Craig M. Van der Voort

Mailing Address 9 Oak Lake Drive

City

Barrington

State

IL

Zip Code

60010-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: 30522494

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra A. McClive

Mailing Address 260 East Chesnut Street
#1412

City

Chicago

State

IL

Zip Code

60611-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30533279

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Francis O'Connell

Mailing Address 1610 West Baldwin Road

City

Inverness

State

IL

Zip Code

60067-4327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30533286

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Todd J. Belden

Mailing Address 10887 Rosebriar Drive

City

Union

State

KY

Zip Code

41091-8013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30533291

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. John W. Chaney

Mailing Address 30032 Shadow Creek Drive

City

Westlake

State

OH

Zip Code

44145-7802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30533309

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Craig S. Markos

Mailing Address 7446 Balfoure Circle

City

Dublin

State

OH

Zip Code

43017-8257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30533938

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick James McDaniel

Mailing Address 50243 Livingston Drive

City

Northville

State

MI

Zip Code

48168-6804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30535039

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory T. Martin

Mailing Address 3822 Pete Dye Boulevard

City

Carmel

State

IN

Zip Code

46033-8169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30536166

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Frank S. Treco, III

Mailing Address 9510 Copley Drive

City

Indianapolis

State

IN

Zip Code

46260-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: 30536349

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Lisa G. Hawker

Mailing Address 2334 Sunflower Court

City

Perrysburg

State

OH

Zip Code

43551-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30542845

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jeanne Y. Hylant

Mailing Address 5926 Barkwood Lane

City

Sylvania

State

OH

Zip Code

43560-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30543230

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael M. Hylant

Mailing Address 79 Fox Trace Lane

City

Hudson

State

OH

Zip Code

44236-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30543332

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick R. Hylant

Mailing Address 6174 Lower Shore Drive

City

Harbor Springs

State

MI

Zip Code

49740-8931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30543470

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Hylant

Mailing Address 2135 Hawthorne Road

City

Ottawa Hills

State

OH

Zip Code

43606-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30543581

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Kelleher

Mailing Address 26196 Edinborough Circle

City

Perrysburg

State

OH

Zip Code

43551-9398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30559066

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Aaron J. Moore

Mailing Address 1151 Sandpiper Lane

City

Bowling Green

State

OH

Zip Code

43402-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30560679

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. William P. Pridgeon

Mailing Address 8146 Black Oak Drive

City

Lambertville

State

MI

Zip Code

48144-9324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30561473

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Scott Stewart

Mailing Address 25661 Brittany Road

City

Perrysburg

State

OH

Zip Code

43551-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30571534

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Q. Ford

Mailing Address 9145 Saddlebow Drive

City

Brentwood

State

TN

Zip Code

37027-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30571665

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen A. Benson

Mailing Address 5110 Annesway Drive

City

Nashville

State

TN

Zip Code

37205-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Horizon Insurance
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30571670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David M. Massey

Mailing Address 1308 Glengoyne Place

City

Nashville

State

TN

Zip Code

37220-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Horizon Insurance
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 30571708

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Clayton R. Jennings

Mailing Address 10633 Indian Ridge Drive

City

Fort Wayne

State

IN

Zip Code

46814-9091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 30573686

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sean R. Schubert

Mailing Address 2703 Cypress Creek Court

City

Grapevine

State

TX

Zip Code

76051-7117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: 30585831

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott R. Treiber

Mailing Address 112 Blair Road

City

Oyster Bay Cove

State

NY

Zip Code

11771-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Treiber Group LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 30587322

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence P. Morris

Mailing Address 82 Champion Cliff

City

San Antonio

State

TX

Zip Code

78258-4874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gallagher Benefit Service-
s, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 30587357

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sidney H. Williams

Mailing Address 3500 Chain Bridge Road

City

Fairfax

State

VA

Zip Code

22030-2705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T - Givens & Williams

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 30587366

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Clay T. Jackson

Mailing Address 5819 Hillsboro Road

City

Nashville

State

TN

Zip Code

37215-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Cooper, Love, Jack-
son, Thornton

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: 30587367

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Handley

Mailing Address 6861 North Ozona

City

Tucson

State

AZ

Zip Code

85718-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBIZ Gordon, Zucarelli &
Handley Benef

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: 30587369

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul A. Zucarelli

Mailing Address 4250 West Cush Canyon Loop

City

Marana

State

AZ

Zip Code

85658-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBIZ Gordon, Zucarelli &
Handley Benef

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: 30587370

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Monica Dupnik Arreola

Mailing Address 5961 East San Leandro

City

Tucson

State

AZ

Zip Code

85715-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBIZ Gordon, Zucarelli &
Handley Benef

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: 30587782

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Veale

Mailing Address 50 Old Yankee Road

City

Haverhill

State

MA

Zip Code

01832-1066

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Assoc.
Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30591794

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. George Steadman, III

Mailing Address 45 Cardinal Road SW

City

Roanoke

State

VA

Zip Code

24014-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30592817

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Philip F. Saussy

Mailing Address 1420 Saint Marys Dr

City

Waycross

State

GA

Zip Code

31501-4321

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30592836

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Conrad M. Foa

Mailing Address 911 Park Avenue

City

New York

State

NY

Zip Code

10075-0337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foa & Son Corporation (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30593253

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank E. Plan

Mailing Address 1533 Lakewood Place

City

Auburn

State

AL

Zip Code

36830-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30593256

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Culpepper

Mailing Address 7280 Stillwater Drive

City

Columbus

State

GA

Zip Code

31904-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30593259

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald B. Giadrosich

Mailing Address 2324 Longleaf Way

City

Birmingham

State

AL

Zip Code

35243-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30593262

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Greg L. Keller

Mailing Address 40 Crestwicke Court

City

Newnan

State

GA

Zip Code

30265-5585

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598263

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Ellen M. Goldstein

Mailing Address 1560 East Placita Lupita

City

Tucson

State

AZ

Zip Code

85718-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBIZ Gordon, Zucarelli &
Handley Benef

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598266

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric Rustand

Mailing Address 3341 North Riverbend Circle West

City

Tucson

State

AZ

Zip Code

85750-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBIZ Gordon, Zucarelli &
Handley Benef

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598271

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Martin P. Hughes

Mailing Address 45 East Bellevue Place

City

Chicago

State

IL

Zip Code

60611-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International Limited
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598277

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael A. O'Brien

Mailing Address 3930 Donegal Way

City

Eagan

State

MN

Zip Code

55122-1788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598278

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. John C. Hamilton

Mailing Address 2700 Habersham Road

City

Atlanta

State

GA

Zip Code

30305-3574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598280

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marilyn G. Norman

Mailing Address 641 Longfield Road

City

Manakin Sabot

State

VA

Zip Code

23103-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 30598281

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dirk D. DeJong

Mailing Address 2401 Northeast 32nd Court

City

Lighthouse Point

State

FL

Zip Code

33064-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank H. Furman, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 30598509

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John C. Stanchina

Mailing Address 4314 Hanover Avenue

City

Richmond

State

VA

Zip Code

23221-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 30598511

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. H. Don James

Mailing Address 1406 South River Oaks Drive

City

Blackshear

State

GA

Zip Code

31516-4659

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598649

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Richard Tamplin

Mailing Address 31 Brookside Drive

City

Newnan

State

GA

Zip Code

30263-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598651

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Agnoni

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598665

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598666

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City

Hudson

State

OH

Zip Code

44236-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598667

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Ms. Theresa DiVincenzo

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598669

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Edmonds, III

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598670

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

71.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian T. Muldoon

Mailing Address 1360 E 9th Street
Suite 600

City State Zip Code
Cleveland OH 44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598673

Amount of Each Receipt this Period

46.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melissa Robinson

Mailing Address 4024 West 157th Street

City State Zip Code
Cleveland OH 44135-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: 30598675

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Mr. Leonard R. Dyer, Jr.

Mailing Address 2098 Knollpoint Drive, NE

City State Zip Code
Ada MI 49301-9250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30600518

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

367.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. J. Sloan Howard

Mailing Address 120 Chukkars Drive

City

Thomasville

State

GA

Zip Code

31792-7482

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601049

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Leslie A. Lemenager

Mailing Address 151 Derby Glen Drive

City

Glen Ellyn

State

IL

Zip Code

60137-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gallagher Benefit Service-
s, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601051

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary D. Jacobs

Mailing Address 14805 East Bluff Road

City

Alpharetta

State

GA

Zip Code

30004-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601095

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alvin B. Bresler

Mailing Address 2405 Ridge Crest Lane

City

Birmingham

State

AL

Zip Code

35243-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601106

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jason R. McKay

Mailing Address 2101 Calcutta Drive

City

Opelika

State

AL

Zip Code

36801-2086

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601108

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Landers

Mailing Address 3136 Bradford Place

City

Birmingham

State

AL

Zip Code

35242-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James I. Krantz

Mailing Address 9 Rock Hill Lane

City

Brookville

State

NY

Zip Code

11545-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer
York International Agency,
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601113

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles A. Touche

Mailing Address 5521 East Exeter Boulevard

City

Phoenix

State

AZ

Zip Code

85018-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lovitt & Touche, Inc. (H-
Q)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: 30601114

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Patrick Ashcraft

Mailing Address 8319 Coral Drive

City

Dallas

State

TX

Zip Code

75243-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towerstone Insurance Serv-
ices

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 30603751

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. W.E. Kilman

Mailing Address 707 Avenue A

City

Opelika

State

AL

Zip Code

36801-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 30608742

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles A. Rosson

Mailing Address 3373 Las Huertas Road

City

Lafayette

State

CA

Zip Code

94549-5108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodruff-Sawyer & Company
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 30608786

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Benjamin Daniel Seltzer

Mailing Address 631 Manor Road

City

Penn Valley

State

PA

Zip Code

19072-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cohen-Seltzer, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 30608794

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott C. Ferguson

Mailing Address 3510 Waterleaf Court

City

Louisville

State

KY

Zip Code

40207-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 30608904

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Greenebaum

Mailing Address 767 Rice Street

City

Highland Park

State

IL

Zip Code

60035-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swett & Crawford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: 30609582

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Marcia A. Benshoof

Mailing Address 9788 South Isabel Court

City

Highlands Ranch

State

CO

Zip Code

80126-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30620739

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S. Grace

Mailing Address 440 North Bridgefield Court

City

Wichita

State

KS

Zip Code

67230-7905

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622900

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph C. Lukens, II

Mailing Address 1601 Siefkin Lane

City

Wichita

State

KS

Zip Code

67208-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622911

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Karen G. Thomas

Mailing Address 2019-G South Hannibal Street

City

Aurora

State

CO

Zip Code

80013-4083

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622965

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kurt D. Watson

Mailing Address 228 East Pine Meadow Court

City

Andover

State

KS

Zip Code

67002-8840

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622978

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Merz

Mailing Address 8500 East Brentmoor Street

City

Wichita

State

KS

Zip Code

67206-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

President-Risk Management Associates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622983

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Brown

Mailing Address 304 Oak Lane

City

Richmond

State

VA

Zip Code

23226-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622987

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 66

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Cay, III

Mailing Address 52 King Street

City

Charleston

State

SC

Zip Code

29401-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wells Fargo Insurance Ser-
vices USA, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30622990

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James D. Johnson

Mailing Address 2072 Trimleston Road

City

Statham

State

GA

Zip Code

30666-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30623600

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Marx

Mailing Address 501 East 79th Street
Apartment 12E

City

New York

State

NY

Zip Code

10075-0735

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCM Services, LLC (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 30623607

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas L. Spinner, Jr.

Mailing Address 16 Gettysburg Court

City

Allentown

State

NJ

Zip Code

08501-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Property Risk Services,
LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 30623608

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Craig T. Herr

Mailing Address 4909 Saratoga Circle SE

City

Brownsboro

State

AL

Zip Code

35741-9324

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 30623612

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Karl W. Kerzic

Mailing Address 3865 Inverness Way

City

Martinez

State

GA

Zip Code

30907-9030

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 30623617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alan J. Maguire

Mailing Address 44 Reeder Lane

City

New Canaan

State

CT

Zip Code

06840-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGIS Insurance Services,
Inc. (HQ)

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 30623669

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald C. Bourassa

Mailing Address 1465 Vieux Carre Dr

City

Tallahassee

State

FL

Zip Code

32308-7730

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: 30623675

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. H. William Bohstedt

Mailing Address 26881 West Taylor Road

City

Barrington

State

IL

Zip Code

60010-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.
(HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: 30623684

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Terry M. Banaszak

Mailing Address 4613 Northridge Cir

City

Crestwood

State

KY

Zip Code

40014-8644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634721

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James M. Baumann, II

Mailing Address 4640 Oak Pointe Dr

City

Louisville

State

KY

Zip Code

40245-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634735

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David B. Brown

Mailing Address 5805 Dunraven Court

City

Louisville

State

KY

Zip Code

40222-6124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634739

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. C. Michael Busick

Mailing Address 7314 Sunset Lane

City

Crestwood

State

KY

Zip Code

40014-8922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634745

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ron Dolen

Mailing Address 3531 Kirby Lane

City

Louisville

State

KY

Zip Code

40299-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634959

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Hahn

Mailing Address 3207 Fallshere Court

City

Louisville

State

KY

Zip Code

40220-2892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634960

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Vincent A. Hamilton

Mailing Address 502 Ridgewood Road

City

Louisville

State

KY

Zip Code

40207-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634961

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Deana D. Hauck

Mailing Address 4701 Centerfield Drive

City

Crestwood

State

KY

Zip Code

40014-9246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634962

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James K. Johnson

Mailing Address 7389 Wolfspring Trace

City

Louisville

State

KY

Zip Code

40241-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634994

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Armer H. Mahan, Jr.

Mailing Address 2004 Glencove Way

City

Louisville

State

KY

Zip Code

40207-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30634997

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick B. O'Daniel

Mailing Address 8811 Denington Drive

City

Louisville

State

KY

Zip Code

40222-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635020

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Eugene J. Reis

Mailing Address 503 Country Lane

City

Louisville

State

KY

Zip Code

40207-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635021

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George B. Young

Mailing Address 711 Torrington Drive

City

Naperville

State

IL

Zip Code

60565-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Safety & Cla-
ims, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635039

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Sneed

Mailing Address 141 Bayou Circle

City

Gulfport

State

MS

Zip Code

39507-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635060

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas B. Donaldson

Mailing Address 1608 Night Hawk Court

City

Louisville

State

KY

Zip Code

40223-6103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald F. Bell

Mailing Address 1499 Sable Wing Circle

City

Louisville

State

KY

Zip Code

40223-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635868

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Fico, Jr.

Mailing Address 3 Cail Farm Road

City

Sudbury

State

MA

Zip Code

01776-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
TD Insurance, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635871

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Ivey

Mailing Address 514 Gentlemens Ridge

City

Signal Mountain

State

TN

Zip Code

37377-3282

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635878

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Keegan

Mailing Address 6 Ethan Drive

City

Farmingdale

State

NJ

Zip Code

07727-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Property Risk Services,
LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635884

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Leavitt

Mailing Address 23 University Lane

City

Manchester

State

MA

Zip Code

01944-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Assoc.
Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635888

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Prichard, Jr.

Mailing Address 153 Virginia Lane

City

Alamo

State

CA

Zip Code

94507-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heffernan Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635894

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Clayton David Walker

Mailing Address 1501 Pinyon Place

City

Lawrenceville

State

GA

Zip Code

30043-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Safety & Cla-
ims, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635899

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. K. Scott Crawford

Mailing Address 3215 Town Manor Circle

City

Dacula

State

GA

Zip Code

30019-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635921

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Starr

Mailing Address 312 Pencross Place

City

Louisville

State

KY

Zip Code

40223-5572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635924

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Greg E. Sisson

Mailing Address 612 Lake Forest Parkway

City

Louisville

State

KY

Zip Code

40245-4684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635925

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary G. Gilmour

Mailing Address 7391 Wolfspring Trace

City

Louisville

State

KY

Zip Code

40241-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Underwriters Group (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635927

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Hope A. Aldrich

Mailing Address 169 Forest Street

City

Wellesley

State

MA

Zip Code

02481-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Insurance Group
LLC (HQ)

Occupation

Insurance Broker\

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30635943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Randall G. Goss

Mailing Address 9863 Rockbrook Drive

City

Dallas

State

TX

Zip Code

75220-2040

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Risk Insurance Group,
Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30636008

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Greg A. DeLoach

Mailing Address 2532 Harriman Circle

City

Tallahassee

State

FL

Zip Code

32308-0920

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., In-
c.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: 30636249

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick N. Savage

Mailing Address 7450 Dell Road

City

Saline

State

MI

Zip Code

48176-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636290

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen T. Hylant

Mailing Address 4346 Birch Run Drive

City

Troy

State

MI

Zip Code

48098-4338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636292

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce C. Dunbar, Jr.

Mailing Address 3025 Cherokee Road

City

Birmingham

State

AL

Zip Code

35223-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636323

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John B. Milward

Mailing Address 317 Holiday Drive

City

Lexington

State

KY

Zip Code

40502-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Powell Walton Milward

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636324

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Glenn A. Spencer

Mailing Address 5524 Golden Bear Drive

City

Overland Park

State

KS

Zip Code

66223-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636325

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Hauser

Mailing Address 7858 Deer Crossing Lane

City

Cincinnati

State

OH

Zip Code

45243-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hauser Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636326

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas J. Van Ryn

Mailing Address 6050 Poplar Spring Drive

City

Norcross

State

GA

Zip Code

30092-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Smith Lanier & Co., Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary L. Morgan

Mailing Address 8547 Morning Calm Drive

City

Cincinnati

State

OH

Zip Code

45255-5624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hauser Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636328

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Gulliver

Mailing Address 9046 Willow Ridge Drive

City

Willow Springs

State

IL

Zip Code

60480-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International Limited
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636335

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Blanche

Mailing Address 86 Bromfield Street

City

Newburyport

State

MA

Zip Code

01950-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
TD Insurance, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Keith T. Schuler

Mailing Address 3101 Willow Bend Drive

City

Chico

State

CA

Zip Code

95973-8616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interwest Insurance Servi-
ces, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636337

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Doetzer

Mailing Address 11600 Whitetail Lane

City

Ellicott City

State

MD

Zip Code

21042-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consolidated Insurance Ce-
nter, Inc. (H

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: 30636441

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles M. Caswell

Mailing Address 1340 Garrick Way

City

Marietta

State

GA

Zip Code

30068-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pritchard & Jerden, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: 30640565

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

78658.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wired For Change</p> <p>Mailing Address 1700 Connecticut Avenue, NW Suite 403</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30502382</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2878</p> <p>City Omaha State NE Zip Code 68103-2878</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30702225</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="442.04"/></p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) First Data</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30702229</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="554.68"/></p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

1396.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City
American Fork

State
UT

Zip Code
84003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30702235

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Amount of Each Disbursement this Period

72.25

SUBTOTAL of Disbursements This Page (optional)

72.25

TOTAL This Period (last page this line number only)

1468.97

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Christopher Scott Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 30602294

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Lewis For Congress Committee

Mailing Address PO Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Jerry Lewis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Transaction ID: 30602310

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Jim Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Jim Himes

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 30602312

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement

011

Category/
Type

Candidate Name
Doris Matsui

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 30602314

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement

011

Category/
Type

Candidate Name
Wasserman Schultz Debbie

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 30602318

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kosmas For Congress

Mailing Address PO Box 1547

City
New Smyrna Beach

State
FL

Zip Code
32170

Purpose of Disbursement

011

Category/
Type

Candidate Name
Suzanne Kosmas

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 30602326

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Halvorson For Congress

Mailing Address PO Box 176

City
CreteState
ILZip Code
60417

Purpose of Disbursement

Candidate Name
Deborah HalvorsonOffice Sought: ☒ House
☐ Senate
☐ President

State: IL District: 11

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30602331

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address Post Office Box 112

City
BurlingameState
CAZip Code
94011

Purpose of Disbursement

Candidate Name
Rep. Jackie SpeierOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 12

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30602335

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Peters For Congress

Mailing Address PO Box 226

City
Bloomfield HillsState
MIZip Code
48303

Purpose of Disbursement

Candidate Name
Rep. Gary C. PetersOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 09

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30602338

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 03</p>	<p>Transaction ID: 30602339</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> </div> 0 9 / 2 5 / 2 0 0 9 </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Steve Cohen For Congress</p> <p>Mailing Address 349 Kenilworth</p> <p>City Memphis State TN Zip Code 38112</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Stephen Cohen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 09</p>	<p>Transaction ID: 30602340</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> </div> 0 9 / 2 5 / 2 0 0 9 </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pete Sessions For Congress</p> <p>Mailing Address PO Box 823047</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Pete Sessions</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 32</p>	<p>Transaction ID: 30602343</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> </div> 0 9 / 2 5 / 2 0 0 9 </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City
Plano

State
TX

Zip Code
75086

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Samuel Robert Johnson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 03

Transaction ID: 30602346

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allen Boyd

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 02

Transaction ID: 30602363

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2419.20

C.

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allen Boyd

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 02

Transaction ID: 30602364

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

80.80

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Brad Miller For United States Congress

Mailing Address PO Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Candidate Name
Rep. Brad MillerOffice Sought: ☒ House
☐ Senate
☐ President

State: NC District: 13

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30602365

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Bill Posey

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement

Candidate Name
Rep. Bill PoseyOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 15

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30602367

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
Rep. Gus M. BilirakisOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 09

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30602368

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Trey Grayson	Transaction ID: 30602371 Date of Disbursement
Mailing Address PO Box 175726	<div> <div>09</div> <div>25</div> <div>2009</div> </div>
City State Zip Code Ft Mitchell KY 41017	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Trey Grayson	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Simpson For Congress	Transaction ID: 30602372 Date of Disbursement
Mailing Address 1487 Parkway Drive	<div> <div>09</div> <div>25</div> <div>2009</div> </div>
City State Zip Code Blackfoot ID 83221	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael K. Simpson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Coburn For Senate 2010	Transaction ID: 30602384 Date of Disbursement
Mailing Address Post Office Box 977	<div> <div>09</div> <div>25</div> <div>2009</div> </div>
City State Zip Code Muskogee OK 74402	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Thomas Allen Coburn, M.D.	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kilroy For Congress

Mailing AddressP.O. Box 2582
Ste 305

CityColumbusStateOHZip Code43216

Purpose of DisbursementCategory/
Type011

Candidate NameRep. Mary Jo Kilroy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary☐ General
☐ Other (specify) ▼

State: OHDistrict: 15

Transaction ID: 30602392

Date of Disbursement

M

M

/

D

D

/

Y

Y

Y

Y

09112009

Amount of Each Disbursement this Period1000.00

B.

Full Name (Last, First, Middle Initial)
Lynn Jenkins For Congress

Mailing AddressP.O. Box 1441

CityTopekaStateKSZip Code66601

Purpose of DisbursementCategory/
Type011

Candidate NameLynn Jenkins

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary☐ General
☐ Other (specify) ▼

State: KSDistrict: 02

Transaction ID: 30602395

Date of Disbursement

M

M

/

D

D

/

Y

Y

Y

Y

09112009

Amount of Each Disbursement this Period2000.00

C.

Full Name (Last, First, Middle Initial)
Friends of Schumer

Mailing Address60 Madison Ave
Suite 1201

CityNew York CityStateNYZip Code10010

Purpose of DisbursementCategory/
Type011

Candidate NameCharles Schumer

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2010

☒ Primary☐ General
☐ Other (specify) ▼

State: NYDistrict:

Transaction ID: 30602529

Date of Disbursement

M

M

/

D

D

/

Y

Y

Y

Y

09252009

Amount of Each Disbursement this Period2500.00

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 30602641 Date of Disbursement																				
Mailing Address 6282 Occoquan Forest Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Manassas State VA Zip Code 20112	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John Larson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 30602719 Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Earl Pomeroy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Childers For Congress	Transaction ID: 30618421 Date of Disbursement																				
Mailing Address PO Box 177	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Booneville State MS Zip Code 38829	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Travis Wayne Childers	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement

Candidate Name

Rep. Jeb Hensarling

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 05

Transaction ID: 30618489

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

43000.00